



KENTUCKY DEPARTMENT OF AGRICULTURE  
Division of Regulation and Inspection  
107 Corporate Dr.  
Frankfort KY 40601

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APPLICATION FOR SERVICE INDIVIDUAL REGISTRATION  
Service Individual Program - KRS 363.330 to 363.350  
January 1 – December 31

Application Date \_\_\_\_\_ Signature \_\_\_\_\_

License number \_\_\_\_\_ (to be assigned by office)

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NEWLY OPENED BUSINESS (First time ownership)

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PREVIOUSLY OWNED BUSINESS If previously owned, indicate former license # and name:

Business Information:

Physical Address (911 address, street, or highway)

Business name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Device Type: \_\_\_\_\_ Contact: \_\_\_\_\_

Service Person Name: \_\_\_\_\_

Mailing Address (address specific for business physical location)

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Indicate (x) if the mailing address is same as the physical address. If different, complete the following:

Attention line: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing/License Renewal Address

Complete the following if your billing address is different than the business location and/or mailing address.

Billing name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Contact: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Type of Device Served:

SCALES

Small Capacity < 101 lbs. \_\_\_\_\_  
Medium Capacity 101-2000 lbs. \_\_\_\_\_  
Large Capacity > 2000 lbs. \_\_\_\_\_  
Tobacco Scales \_\_\_\_\_  
Livestock Scales \_\_\_\_\_  
Belt Scales \_\_\_\_\_

METERS

Retail Fuel Dispenser \_\_\_\_\_  
High Volume Fuel Dispenser \_\_\_\_\_  
Vehicle Tank Meter \_\_\_\_\_  
Liquid Propane Meter \_\_\_\_\_  
Loading Rack Meter \_\_\_\_\_

Registration Fee is \$10.00 for the service person. Your check or money order should be made payable to the KENTUCKY STATE TREASURER. Please return your application and fee to the above address.